

Division of Corporations

L100000122105

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maccec@aol.com

FLORIDA LIMITED LIABILITY CO.

Broad Pain Care Physicians LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

10 NOV 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

NOV 24 2010

EXAMINER

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SECRETARY OF CORPORATIONS
10 NOV 24 PM 4:44

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Broad Pain Care Physicians LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

501 Glades Road

501 Glades Road

Boca Raton, FL 33432

Boca Raton, FL 33432

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Michael A. Cecere

Name

945-A Clint Moore Road

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33487

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Michael A. Cecere

Registered Agent's Signature - Michael A. Cecere

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ARTICLE IV - Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Harvey Plosker - 501 Glades Road, Boca Raton, FL 33432

MGRM

Andrew Astrove - 501 Glades Road, Boca Raton, FL 33432

MGRM

Steven Stein - 501 Glades Road, Boca Raton, FL 33432

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Harvey Plosker

Typed or printed name of signee